



RECEIVED
CENTRAL FAX CENTER

JAN 05 2006

**North America
Intellectual Property corporation**

P.O. BOX 506, Merrifield, VA 22116, U.S.A.

Voice Mail: 302-729-1562 FAX:806-498-6673 e-mail:winstonhsu@naipo.com

FAX TO : CHOWDHURY, TARIFUR RASHID

ART UNIT: 2871

TEL : (571) 272-2287

FAX: (571) 273-8300

FROM : Winston Hsu, PATENT AGENT, REG. NO. : 41,526

SERIAL NO. : 10/707,258

ATTORNEY DOCKET NO.: TOPP0003USA

SUBJECT: Authorization to Act in a Representative Capacity Form

TOTAL PAGES : 2 PAGES (INCLUDING COVER PAGE)

Winston Hsu JAN 05 2006

RECEIVED
CENTRAL FAX CENTER

JAN 05 2006

Sample Form (09-04)

AUTHORIZATION TO ACT IN A REPRESENTATIVE CAPACITY

In re Application of:

Hsin-Ming Chen

Application No.

10/707,258

Filed:

10/21/2003

Title:

COLOR FILTER STRUCTURE AND METHOD THEREOF

Attorney Docket No.

TOPP0003USA

Art Unit:

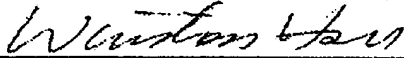
2871

The practitioner named below is authorized to conduct interviews and has the authority to bind the principal concerned. Furthermore, the practitioner is authorized to file correspondence in the above-identified application pursuant to 37 CFR 1.34:

Name	Registration Number
Scott Margo	56,277

This is not a Power of Attorney to the above-named practitioner. Accordingly, the practitioner named above does not have authority to sign a request to change the correspondence address, a request for an express abandonment, a disclaimer, a power of attorney, or other document requiring the signature of the applicant, assignee of the entire interest or an attorney of record. If appropriate, a separate Power of Attorney to the above-named practitioner should be executed and filed in the United States Patent and Trademark Office.

SIGNATURE of Practitioner of Record

Signature		Date	JAN 05 2006
Name	Winston Hsu	Registration No., if applicable	41,526
Telephone	302-729-1562		

This form offers a sample or suggested format for an authorization for an agent. See MPEP § 713.05 for more information. This sample form is not an OMB officially approved form.

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.